Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: Yes

Computer Readable Form (CRF)?:: Yes

Title:: WNT AS A FACTOR FOR CARDIAC

MYOGENESIS

Attorney Docket Number:: HO-P02767US1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Drawings 12 sheets (Color copies in triplicate)

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: D.

Family Name:: Schneider

City of Residence:: Houston

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 2234 Albans

City of mailing address:: Houston

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 77005

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Teruya

Family Name:: Nakamura

City of Residence:: Houston

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 2990 Bissonnet #9302

City of mailing address:: Houston

State or Province of mailing address:: TX

.Postal or Zip Code of mailing address:: 77005

Correspondence Information

Correspondence Customer Number:: 26271

Representative Information

Representative Customer Number:: 26271

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/464,292	04/21/03

Assignee Information

Assignee name:: Baylor College of Medicine

Street of mailing address:: Baylor College of Medicine

Office of Technology; One Baylor Plaza

BCMD 600D

Page # 2 Initial 04/21/04

City of mailing address:: Houston

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 77030